



Springdale Fire Department Standard Operating Procedures

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It is the policy of the Springdale Fire Department that no member will be required to continue emergency operations beyond safe levels of physical or mental endurance. The Rehabilitation Group will be utilized to evaluate and assist personnel who may be suffering from the effects of sustained physical exertion during emergency operations. Firefighters should be given rehabilitation after a single 45 or 60 minute cylinder or 45 minutes of intense work without an SCBA, whichever comes first.

Members entering rehab for the first time shall rest for a minimum of 10 to 20 minutes. The Rehab Group will provide a specific area where personnel will assemble to receive:

- A physical assessment.
- Revitalization - rest
- Appropriate calorie and electrolyte replacements.
- Treatment for injuries.
- Continual monitoring of physical condition.
- Transportation for those requiring treatment at medical facilities.

This policy is in no way intended to diminish initial fire attack aggressiveness. The intent is to establish a reasonable procedure to lessen the risk of injury, resulting from extended field operations under adverse conditions.

The Medic unit assigned to the event in the RIT Alarm will fill the Rehab role unless otherwise directed by Command. In some situations, the Rehab group may be assembled on scene at the discretion of Command or his designate.

A Rehab Team concept will be utilized whenever possible, this may require Command to assign additional personnel from staging to establish and manage the Rehab Group. This team will consist of:

- A designated group leader.
- A Medic unit for medical equipment
- Rehab equipment from Engines
- Any additional assistance requested by the Rehab Group Leader.

It is the responsibility of Command to make an early determination of situations requiring the implementation of a Rehab group, in order to protect the health and safety of operating personnel. Command should consider the establishment of a Rehab group at the following emergencies:

- Where a moderate to long working time is envisioned.
- Where personnel are operating under adverse temperature or weather conditions.
- Where a moderate to large manpower force is indicated.

- Any other incident where Command deems it necessary.

Normally Command will utilize the Rehab Paramedic as the Rehab group leader or Command may assign an officer to direct the Rehab group. Unless a site is designated by Command, the assigned Rehab group leader will survey the area, select a suitable site, and announce the location. The Rehab site should be located in an area outside of the operational activity area (the fireground perimeter or hazard zone), where protective clothing and equipment may be safely removed prior to entering the designated rehab area. If possible, the site chosen should allow good access for ambulances, etc.

During periods of excessive heat or inclement weather, a shaded area should be selected. If natural shade is unavailable, the Rehab group should provide shade by setting up a tent canopy. Salvage covers may be utilized for this purpose also.

The Rehab area boundaries should be defined with fire lane tape whenever possible. If Firefighters need treatment versus rehab, a treatment area will be established in the same area but separated from Rehab. The Rehab Group Leader will advise command of the need for a treatment area and request resources and additional staff and equip to manage the treatment area. The "Treatment" area will be utilized for individuals exhibiting signs of stress or extreme fatigue, or those with obvious or suspected injuries requiring medical attention. These two areas should also be divided by fire lane tape when possible. All members reporting to the Rehab area will check in at the entrance/exit point where they will be assessed by a member of the Rehab group, logged in on the "Rehabilitation Personnel Control Log", and assigned to either the rest or the treatment area, as dictated by their physical conditions. All firefighters will have CO monitored in Rehab. Additionally, the evaluation will also include the number of SCBA bottles used. The log will indicate the arrival time of each company and names of individual crew members, their medical evaluation status, and the time the crew is ready for reassignment.

The Rehab Group Leader is responsible for placing crews on the list for reassignment as soon as they are able to actively participate in further operations. The Rehab Group Leader will update Command throughout the operation with pertinent information including the identity of companies in Rehab and available for reassignment, plus the status of any injured personnel.

The Rehab Group Leader will maintain adequate resources to manage his/her responsibilities.
A Medic unit will be assigned to the treatment area to provide any medical equipment necessary.

Rehab has the authority for making the decision of when any Firefighter needs to be transported for further treatment and/or doctor evaluation; he is also responsible for notifying Command of personnel requiring transportation to a medical facility.

It is the responsibility of every company officer to continually monitor the condition of all crew members for signs of stress or fatigue. When these conditions are noted, the officer shall request reassignment of the company to the Rehab area. When assigned, the company officer and entire crew will report to the Rehab Group Leader. It is the responsibility of the company officer to keep the crew together in the Rehab area. When all crew members are refreshed, rested, and medically cleared and all SCBA have been serviced, the company officer will report to the Rehab Group Leader as available for reassignment.

Use Tactron name tags to track Firefighters/crews coming and leaving Rehab (make a pocket commander board part of rehab needs)

The Rehab Group Leader will release companies to Command.

Rehab Group Checklist

Location:

Rehab will be located in the cold zone away from incident operations, staging, exhaust fumes, and any other situations that would keep firefighters from resting or being able to remove all their PPE.

If possible, a cool shaded area during hot weather; warm dry location during cold weather.

Equipment:

Rehab shall make use of the following equipment as dictated by conditions: tents, cooling chairs, ice chests with water, towels, and cooling fans.

Rehab tracking forms

EMS gear LP 15, 02, Med Kit, etc.

Process:

- CO will be monitored if on scene of any type of fire, as well as all vital signs and a thorough assessment with close attention to mentation changes.
- Rehab will be required after using one SCBA bottle during any moderate or extreme physical exertion.
- Crew integrity is vital and all efforts will be made to maintain it during rehab.
- When arriving to rehab the Firefighter will report to the rehab Medic, remove PPE based on weather conditions, have his/her vitals taken and recorded. He will then rest, hydrate, and recover for minimum of 10 minutes. After the 10 minutes, firefighter will be reassessed.
- To return to operations, Firefighters will need to have their heart rates under 100, BP over 100 systolic as well as alert and oriented. Firefighter should have no complaints of pain or injury.
- If they are unable to meet standards then they will stay, having vitals reassessed every ten minutes until they are able to meet the standard. They then may return to active assignments.
- Firefighters will return to Rehab for 20 minutes after using a second bottle of air or 40 minutes of intense activity without SCBA. They will still need to meet heart rate and BP requirements to return to work.
- Rehab will make the final decision for when a Firefighter is released to operations and at what level he/she can perform at. After second visit to rehab, Firefighters should be considered only for low to moderate activity on scene. Rehab, IC and Safety Officer will make the decision if Firefighters can return to strenuous activities if the situation requires.
- Rehab will be responsible and have the authority for making decisions for when any patient or Firefighter needs to be transported for further treatment and/or doctor evaluation.

Notes:

- **The Korekool Chairs require cool water in the arms. Do not use ice or ice water.**
- Heat Stroke will be treated by immersion in ice water for 10-20 minutes and transport to Emergency Department. (Use a tarp/salvage cover in a Stokes Basket.)
- ⊖ For mild to moderate signs or symptoms of CO/HCN poisoning that do not subside after 10 minutes with high flow O2, administer a Cyanokit.
- The EZ up tents have sides to be used when appropriate; shade, reduce wind etc.

Springdale FD

Flow Sheet

